

CONTACT/OPERATOR INFORMATION UPDATE

Please Return Completed Form to:



MT DEQ - WWOC
P.O. Box 200901
Helena, MT 59620-0901

This form constitutes a notice of intent from the water or wastewater system listed below to the State of Montana, Department of Environmental Quality (department) for the purpose of providing a means to fulfill the statutory obligation under Section 37-42-302, Montana Codes Annotated (MCA). This MCA requires that all wastewater treatment plants, water treatment plants, or water distribution systems be operated under the supervision of a fully certified operator in responsible charge to ensure the proper management, operation, and maintenance of the system.

SYSTEM NAME: _____ **Date:** _____

PWSID#: _____ **or MPDES#:** _____

System Type: ☐ Community Water System ☐ Non-transient Non-community Water System
☐ Public Sewage System ☐ Permitted Wastewater System

System Information

of Total Service Connections: _____ **# of Active Service Connections:** _____

Resident Population: _____ **Non-Resident Population:** _____

Seasonal System: Y or N **If Yes, Seasonal Start Date:** _____ **Seasonal End Date:** _____

Type of Treatment: (give a brief description of the type of treatment used for water and/or wastewater system):

Owner Information (Use mayor if incorporated; use president, if incorporated district, HOA, or WUA):

Name: _____ **Phone #:** _____

Mailing Address: _____ **Business Email:** _____

City, State & Zip Code: _____

Administrative Contact (Person that all system correspondence should be sent to):

Name: _____ **Phone #:** _____

Mailing Address: _____ **Business Email:** _____

City, State & Zip Code: _____

Financial Contact

Name: _____ **Phone #:** _____

Mailing Address: _____ **Business Email:** _____

City, State & Zip Code: _____

The certified operator shall be responsible for the operation and management of the system to ensure that the above listed system is in compliance with all stated regulations. To ensure the proper operation of the above system, the certified operator in responsible charge agrees to perform the typical duties and responsibilities as specified within the laws and rules of the department and those included on the enclosed "Typical Duties and Responsibilities of a Certified Operator." *In some cases, the certified operator in responsible charge can supervise the operation of the system without being on site provided the fully certified operator is on call when there is a certified operator-in-training at the system site. Note: Bacteriological samples for a Community or Non-transient Non-community public water supply systems must be collected by a operator certified by the department (ARM 17.38.225(5)).*

Check all of the following boxes that are appropriate and complete requested information (Note that a certified operator must be designated for each of the water and wastewater classifications that apply to your system.):

☐ Existing fully certified staff member(s) (Note: if any of the below are contract operators then please complete the enclosed Contract Operator Designation Sheet):

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

☐ Existing staff member who holds an operator-in-training certificate and is working towards full certification:

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

☐ Existing staff member who holds an operator-in-training and is working towards full certification: Operator Name: _____ Certification # _____ Class & Type: _____
Mailing Address: _____ Business Email: _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

☐ Existing staff member who will go through the process to become fully certified, but is not properly certified (Note: if this individual is going to be the only operator for your system our office must receive the completed enclosed Temporary Request Form):
Operator Name: _____ Certification # _____ Class & Type: _____
Mailing Address: _____ Business Email: _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____
Mailing Address: _____ Business Email: _____
City: _____ State: _____ Zip: _____
Signature of Operator: _____

ATTACH ADDITIONAL LIST OF OPERATORS IF NEEDED, PLEASE PROVIDE ALL INFORMATION.

This agreement is subject to the following conditions:

- 1) It is the responsibility of the owner of the wastewater treatment plants, water treatment plants, or water distribution systems to ensure that the operator maintains a currently valid Montana water and wastewater certification equal to or more complex than the class of the system they are operating.
- 2) The above stated system recognizes its obligation and assumes the responsibility of notifying the Department, in writing, within 3 working days of the loss of an operator or a change in certified operators.
- 3) The above stated system and the certified operator shall notify all interested parties of the existence and responsibilities of this agreement.

I certify that the information contained in this compliance plan for meeting the certified operator requirements of the State of Montana is accurate:

Signature of System Owner: _____
(If incorporated community, mayor must sign. If incorporated district, HOA, WUA the president must sign):

Signature of the Certified Operator: _____
(Certified Operator in Responsible Charge)

CONTRACT OPERATOR DESIGNATION SHEET

(Optional: Only required if your system is under the direct responsible
Charge of a contract fully certified operator)

_____ complies with the certified operator requirements by contracting
with: (name of system) _____

Company Name (if applicable): _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Phone #: _____

List information on all contract operators who are the Certified Operators in Responsible Charge for this
system:

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

List information on all other systems this contractor or company is responsible for:

Number of other public water systems or public wastewater systems presently operated: _____

Please list all public water systems or public wastewater system below (Attach additional list if needed):

PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:
PWS# or MPDES #:	Name:	City:

TEMPORARY REQUEST FORM

Please note that the system owner must complete this form

If the operator in responsible charge of the system is not fully certified, the system owner can request a temporary certification. If approved by the Department of Environmental Quality, the temporary certification may be valid for up to *six months* from the date of issuance (pending the application on file is current, all fees are paid in full, and the system and operator are in good standing with the Department). **Please note that the system owner must complete this form.**

System Name: _____

Owner Name: _____ Phone #: _____

PWS#: _____ and/or MPDES #: _____

Mailing Address: _____ Business Email: _____

City, State & Zip Code: _____

System Type:	Community Water System	Non-transient Non-community Water System
	Public Sewage System	Permitted Wastewater System

THE SECTION BELOW MUST BE FILLED OUT COMPLETELY TO APPLY FOR A TEMPORARY CERTIFICATION:

This system is unable to hire a fully certified operator because (attach separate sheet if needed): _____

☐ Temporary certification is requested for the following staff member who has NOT passed the appropriate certification examination. A completed application and appropriate fees are enclosed or have already been processed by our department.

Operator Name: _____ Phone #: _____

Mailing Address: _____ Business Email: _____

City, State & Zip Code: _____

Position Title: _____

☐ Temporary certification is requested for the following staff member who holds an Operator-in-Training certification:

Operator Name: _____ Certification # _____ Class & Type: _____

Mailing Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____

Signature of Operator: _____

Signature of System Owner _____

(If incorporated community, mayor must sign. If incorporated district, HOA, WUA the president must sign):

*** By filling out and signing this form, the System Owner acknowledges that the applicant has the basic knowledge necessary to operate the system.**